

SPECIFIED DISEASE POLICY

OUTLINE OF COVERAGE

For Policy Form U0430-TX

With Optional Rider Forms RU04HAS, RU04LS, RU09ROP(25)-TX and RU12DV-TX

KEEP THIS OUTLINE FOR YOUR RECORDS

THIS POLICY IS NOT A MEDICARE SUPPLEMENT POLICY

THIS IS A LIMITED BENEFIT POLICY – READ YOUR POLICY CAREFULLY – This outline of coverage provides a very brief description of the important features of your policy. This is not the insurance contract and only the actual policy provision will control. The policy itself sets forth in detail the rights and obligations of both you and your insurance company. It is, therefore, important that you **READ YOUR POLICY CAREFULLY!**

SPECIFIED DISEASE COVERAGE – Policies of this category are designed to provide to persons insured, restricted coverage paying benefits **ONLY** when certain losses occur as a result of specified disease. Coverage is not provided for basic hospital, basic medical-surgical, or major medical or comprehensive expenses.

FIRST DIAGNOSIS CANCER BENEFITS – We will pay expenses incurred for treatment of cancer following a first diagnosis of cancer, subject to the waiting period.

CANCER IN SITU BENEFIT – We will pay 50% of the benefit amounts for Cancer in situ. The Cancer in situ benefit does not apply to the optional Express Pay Rider, if such optional coverage is selected.

Part One Benefits	Plan 1	Plan 2	Plan 3	Plan 4
Hospital Confinement - For each day of hospital confinement, beginning with day 1 to day 90.....	\$100	\$180	\$250	\$410
Hospital Confinement Inflation Fighter – Increases the hospital confinement benefit each year for the first five years the policy is in force by.....	N/A	\$10/day	\$15/day	\$20/day
Extended Hospital Confinement - Beginning with day 90 of consecutive hospital confinement, actual charges, up to..... During receipt of this benefit, no other benefits are payable under the policy except waiver of premium.	\$350/day	\$600/day	\$600/day	\$600/day
Daily Room - During the first 70 days of hospital confinement .. This benefit is paid in addition to the hospital confinement benefit.	\$100/day	\$150/day	\$200/day	\$300/day
Inpatient Drugs and Diagnostic Testing - For medications received or diagnostic testing, actual charges, up to	\$10/day	\$25/day	\$40/day	\$50/day
Attending Doctor – For services while hospital confined, actual charges, up to	\$10/day	\$30/day	\$35/day	\$40/day
Nurse – For full-time services of a nurse while hospital confined, other than those nursing services regularly furnished by a hospital, actual charges, up to.....	\$50/day	\$125/day	\$125/day	\$125/day
Ambulance - For transportation to or from a hospital where you are confined as an inpatient, actual charges, up to..... Benefit is limited to 4 trips per calendar year.	\$75/trip	\$150/trip	\$225/trip	\$300/trip
Surgical Procedure - For surgery performed by a doctor due to cancer, according to the policy surgical schedule, up to.....	\$2,500	\$4,500	\$7,500	\$9,000
Anesthesia – For anesthesia during a surgery for which a surgical procedure benefit is payable, 25% of the surgical procedure benefit, up to	\$625	\$1,125	\$1,875	\$2,250
Blood and Plasma - For blood and plasma, other than your own blood, received during definitive treatment of cancer, up to.....	\$20/unit	\$40/unit	\$60/unit	\$80/unit
Skilled Nursing Facility - For confinement in a skilled nursing facility which begins within 14 days of discharge from a hospital, actual charges, up to.....	\$50/day	\$100/day	\$125/day	\$150/day
Home Care Recovery - For home care and recovery, equal to the number of days paid for the hospital confinement benefit, up to..	N/A	\$15/day	\$15/day	\$25/day

Family Member Transportation - Coach class plane, train or bus expense on a regularly scheduled route for a family member when you are confined in a hospital located in the U.S. which is more than 100 miles one-way from a family member's home, actual charges, up to For travel by automobile..... Benefit is limited to two one-way trips within the U.S. per period of confinement.	\$500 \$.15/mile	\$1,000 \$.25/mile	\$1,500 \$.40/mile	\$2,500 \$.40/mile
Non-Local Patient Transportation - Coach class plane, train or bus expense on a regularly scheduled route within the U.S. to receive cancer treatment or consultation that is not available within 100 miles one-way from your home, actual charges, up to..... For travel by automobile	\$500 \$.15/mile	\$1,000 \$.25/mile	\$1,500 \$.40/mile	\$2,500 \$.40/mile
Family Member Lodging - For lodging expense incurred by a family member while you are confined as an inpatient for treatment of cancer in a hospital that is located in the U.S. and is more than 100 miles one-way from the family member's home, actual charges, up to	\$20/day	\$40/day	\$50/day	\$60/day
Second and Third Surgical Opinions – A 2 nd surgical opinion if recommended due to the positive diagnosis of Cancer and a 3 rd opinion if the 2 nd fails to confirm the need for surgery, actual charges, up to.....	N/A	\$150/ opinion	\$225/ opinion	\$225/ opinion

Part Two Benefits	Plan 1	Plan 2	Plan 3	Plan 4
Hospice - Hospice services when you are diagnosed as terminally ill, starting day 1 to day 60 Starting with day 61.....	\$50/day \$25/day	\$80/day \$40/day	\$100/day \$50/day	\$120/day \$60/day
Radiation/Injected Chemotherapy Treatments - For any combination of radiation and/or Injected Chemotherapy Treatments which are part of definitive treatment, the combined total actual charges, up to..... Plus, at the time of the 1 st radiation and/or Injected Chemotherapy Treatment, an additional amount of.....	\$100/day N/A	\$175/day \$100	\$250/day \$250	\$300/day \$500
Oral Chemotherapy Treatment - For Oral Chemotherapy Treatments (benefits for Topical Chemotherapy Treatments are also included here in this section) which are part of definitive treatment, actual charges up to the monthly benefits shown here, but not more than a total of 36 months of benefits for the plan selected.....	\$100/month	\$200/month	\$300/month	\$400/month
Breast Reconstruction - For breast reconstruction as the direct result of surgery for which benefits are paid under the policy	Actual charges up to the surgical procedure benefit paid for the mastectomy			
Comfort Benefit (Outpatient Drugs) - For anti-nausea medication prescribed by a doctor charges, up to.....	N/A	N/A	\$200/yr	\$226/yr
Prosthesis - For prosthetic devices needed as the direct result of, and received within 3 years of, a cancer surgery for which benefits were paid under the policy, actual charges, per prosthetic device, up to.....	\$250	\$1,000	\$2,000	\$2,500
Bone Marrow Transplant - For human bone marrow transplant for the definitive treatment of cancer, up to..... After coverage has been in force for one year, the initial bone marrow transplant benefit will increase by 5%. On each subsequent policy anniversary, the benefit will continue to increase by 5%. Such increases will continue to take place on each policy anniversary for a period not to exceed 10 years.	N/A	\$2,500	\$5,000	\$10,000

Part Three Benefits	Plan 1	Plan 2	Plan 3	Plan 4
Waiver of Premium - Premium payments will not be required if you are diagnosed as having cancer after the waiting period and while covered under the policy and are disabled due to cancer for more than 90 consecutive days. The disability must begin on or after the date of diagnosis.	Included	Included	Included	Included

OPTIONAL HEART ATTACK OR STROKE BENEFIT RIDER – We will pay Part One Benefits, as outlined above, for treatment of a heart attack or stroke, subject to the waiting period, if such optional coverage is selected at time of application. The benefit payable for a surgical procedure performed for heart attack or stroke is based on the heart attack or stroke rider surgical schedule. First Diagnosis Cancer Part Three Benefits, Waiver of Premium, will also include and apply to heart attack or stroke and is subject to the policy definition of disabled/disability.

OPTIONAL EXPRESS PAY RIDER – We will pay a lump sum benefit upon first diagnosis of cancer or when a heart attack or stroke is first diagnosed based on the amount selected at time of application if such optional coverage is selected, subject to the waiting period. The Cancer in situ benefit does not apply to any benefit payable under this optional Express Pay Rider.

OPTIONAL RETURN OF PREMIUM BENEFIT RIDER – At the end of this rider’s Maturity Date, we will pay you a Return of Premium Benefit equal to:

- a. The sum of all premiums paid for the policy, including premiums paid for this rider and any other benefit rider(s) attached to the policy while the Return of Premium rider is in force.
- b. Minus the sum of all benefits paid or then payable under the policy, including benefits paid or then payable under any attached benefit riders.

The rider’s Maturity date is the earlier of:

- a. The first anniversary date this rider has been in effect for 25 full years; or
- b. The first rider anniversary date after you attain age 65.

Nonforfeiture Benefit: If your policy should end due to lapse, cancellation, or your death after this rider has been in effect for more than 5 years, a return of premium nonforfeiture benefit may be payable. The Return of Premium Nonforfeiture Benefit will be equal to:

- a. The sum of all premiums paid for the policy, including premiums paid for this rider and any other benefit rider(s) attached to the policy while this rider is in force (except for any application and administrative fees) multiplied by the percentage (*See table below*) applicable to the number of years the policy with this rider and any other benefit rider(s) attached to the policy were in force;
- b. Minus the sum of all benefits paid or then payable under the policy, including benefits paid or then payable under any attached benefit riders.

Rider Year	Age at Rider Effective Date														
	The percentage shown below is applicable to the amount of premium paid that is eligible to be returned														
	0-40	41	42	43	44	45	46	47	48	49	50	51	52	53	54
1-5	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
6	13%	14%	14%	15%	15%	16%	17%	17%	18%	19%	20%	21%	23%	25%	27%
7	23%	24%	25%	26%	27%	28%	29%	30%	32%	33%	35%	37%	40%	43%	47%
8	31%	32%	33%	34%	36%	37%	39%	40%	42%	45%	47%	50%	54%	58%	64%
9	37%	39%	40%	42%	43%	45%	47%	49%	51%	54%	57%	61%	65%	70%	77%
10	43%	44%	46%	48%	50%	52%	54%	56%	59%	62%	66%	70%	75%	81%	89%
11	48%	50%	51%	53%	55%	58%	60%	63%	66%	70%	74%	78%	84%	91%	100%
12	52%	54%	56%	58%	61%	63%	66%	69%	72%	76%	81%	86%	93%	100%	
13	57%	59%	61%	63%	66%	68%	71%	75%	78%	83%	88%	93%	100%		
14	60%	63%	65%	68%	70%	73%	76%	80%	84%	89%	94%	100%			
15	64%	67%	69%	72%	75%	78%	81%	85%	90%	95%	100%				
16	68%	70%	73%	76%	79%	82%	86%	90%	95%	100%					
17	71%	74%	77%	80%	83%	87%	91%	95%	100%						
18	75%	78%	81%	84%	87%	91%	96%	100%							
19	78%	81%	85%	88%	92%	96%	100%								
20	82%	85%	88%	92%	96%	100%									
21	86%	89%	92%	96%	100%										
22	89%	93%	96%	100%											

23	93%	96%	100%											
24	97%	100%												
25	100%													

EFFECT OF WAIVER OF PREMIUM ON RETURN OF PREMIUM

Premiums waived under any Waiver of Premium Provision of the Policy will be treated both as premiums paid and claims incurred for purposes of calculating the Return of Premium benefit amount.

OPTIONAL DENTAL AND VISION BENEFIT RIDER

Benefits: We will pay Dental and Vision benefits subject to the Rider Deductible Amount; Insured Percent of covered expenses up to the Rider Maximum Amount per Calendar Year and Definitions, limitations and exclusions and other provisions of the Policy and this Rider. If child coverage is selected, We will pay the applicable benefit percentage for Dental and/or Vision charges performed by a licensed Dentist, Doctor or Ophthalmologist, not to exceed the Calendar Year Maximum for one or more covered children combined. The benefits and Calendar Year Maximum are shown in the Policy Schedule.

Dental: We will pay up to the Rider Maximum Amount for services of a licensed Dentist including one annual examination and cleaning, x-rays, the cost of fillings, prophylaxis, bridges, crowns, dentures and outpatient dental surgery prescribed as necessary by a Dentist, according to the timeframes below.

After this Rider has been in force three (3) months, we will pay the cost of one (1) dental cleaning, occurring after such three (3) month period, up to the Dental Cleaning Maximum each Calendar Year as shown in the Rider Schedule. This benefit is not subject to the Rider Deductible Amount; however, it is subject to the Rider Maximum Amount per Calendar Year.

After this Rider has been in force six (6) months, we will pay benefits for fillings or root canal treatment occurring after such six (6) month period, subject to the Rider Maximum Amount per Calendar Year.

After this Rider has been in force twelve (12) months, we will pay benefits for bridges, crowns, full dentures or partials, any services or treatment relating to the replacement of natural teeth which were missing on this rider’s Effective Date, out-patient dental surgery, “full mouth” extractions or fluoride treatments occurring after such twelve (12) month period and subject to the Rider Maximum Amount per Calendar Year.

After this Rider has been in force twelve (12) months, we will pay benefits for replacement or repair of existing bridges or dentures occurring after such twelve (12) month period, not to exceed the Rider Maximum Amount per Calendar Year as listed in the Rider Schedule. If replacement or repair of existing bridges or dentures is needed as the result of Injury, the 12 month period is not applicable.

Vision: We will pay up to the Rider Maximum Amount for visits to a licensed ophthalmologist or optometrist for the purpose of eye refractions and examinations, including the cost of eyeglasses or contact lenses as prescribed by such doctor, according to the timeframes below.

After this Rider has been in force three (3) months, we will pay the cost of one (1) eye exam or one (1) eye refraction, occurring after such three (3) month period, up to the Eye Exam Maximum each Calendar Year as shown in the Rider Schedule. This benefit is not subject to the Rider Deductible Amount; however, it is subject to the Rider Maximum Amount per Calendar Year.

After this Rider has been in force six (6) months, we will pay benefits for eyeglasses or contact lenses purchased after such six (6) month period, not to exceed the Prescription Eyewear maximum of \$200 per Calendar year as listed in the Rider Schedule. If eyeglasses or contact lenses are needed as the result of Injury, the six (6) month period is not applicable.

WAITING PERIOD – There is a 30 day waiting period before we will pay benefits for loss due to cancer or heart attack or stroke, if such optional coverage is purchased. If the first diagnosis of cancer is made during the waiting period, the insured has the option to cancel the policy and receive a refund of all premiums paid.

EXCLUSIONS – The policy does not pay benefits for:

1. Treatment, services or supplies which: are not medically necessary; are not prescribed by a doctor as necessary to treat cancer or attack or stroke; are received without charge or legal obligation to pay; or would not routinely be paid in the absence of insurance.
2. any loss due to injury, disease, sickness or incapacity, unless such definitive treatment is directly related to or attributable to Cancer as defined;
3. any loss due to injury, disease, sickness or incapacity, unless such treatment is directly related to or attributable to a heart attack or stroke as defined, if such optional coverage is selected.
4. care outside the United States;

5. experimental drugs or substances not approved by the Federal Food & Drug Administration for the treatment of Cancer; and
6. experimental procedures or treatment methods not endorsed by the American Medical Association or any other appropriate medical society.

DENTAL AND VISION RIDER EXCLUSIONS

THIS RIDER PROVIDES LIMITED BENEFITS DURING THE FIRST 12 MONTHS AFTER THE RIDER EFFECTIVE DATE.

Benefits will not be paid for dental expenses arising from or in connection with:

- A service not furnished by a Dentist, except:
 - That performed by a Dental Hygienist under the supervision of a Dentist; and
 - X-rays ordered by a Dentist.
- Treatment, services or supplies which:
 - Are not Necessary Dental Treatment, except as provided herein;
 - Are Experimental/Investigational in nature;
 - Conditions covered by Workers Compensation Services.
- Services or supplies for which there would be no charge in the absence of insurance;
- A service furnished to You for:
 - Cosmetic purposes, unless needed as a result of Injury. Facing on crowns, on pontics, posterior to the second bicuspid shall always be considered cosmetic; or
 - Dental care of congenital or developmental malformation (unless benefits for orthodontic services are specifically provided in the Schedule).
 - Implants; replacement of lost or stolen appliances, replacement of orthodontic retainers, athletic mouthguards, precision or semi-precision attachments; denture duplication; or sealants.
 - Oral hygiene instructions; plaque control; acid etch; or prescription for take-home fluoride.
 - Overdentures and associated procedures.
 - Services not completed by the end of the month in which insurance terminates.
 - Orthodontic related expense, unless specifically provided.

Benefits will not be paid for vision expenses arising from or in connection with:

- Treatment, services or supplies which:
 - Are Experimental/Investigational in nature;
 - Are received without charge or legal obligation to pay; or
 - Conditions covered by Worker’s Compensation Services;
- Services and supplies in connection with special procedures such as: orthoptics or vision training and subnormal vision aids;
- Non-prescription (plano) eyewear;
- Medical or surgical treatments of the eyes, unless to correct refraction of the eyes; or
- Eye examinations required by an employer as a condition of employment.

RENEWABILITY – You may keep the policy and riders, if attached, in force during your entire lifetime by paying premiums when due or within the grace period. We can’t cancel or refuse to renew the policy or place any restrictions on it if you pay your premiums on time.

PREMIUMS SUBJECT TO CHANGE – We may increase your premium rates by giving you at least 60 days prior written notice. We can change the premiums this way only if we change it on a class basis for all policies/riders of this class in your state.

GRACE PERIOD: You may pay premium up to thirty-one (31) days after it is due. This Policy stays in force during such time. If the premium is not paid before the end of the grace period, the Policy will terminate as of the initial due date for that premium.

INITIAL PREMIUM

FIRST DIAGNOSIS CANCER BENEFIT PLAN _____	\$ _____
<input type="checkbox"/> HEART ATTACK OR STROKE BENEFIT RIDER	\$ _____
<input type="checkbox"/> EXPRESS PAY RIDER Benefit Amount \$ _____	\$ _____
<input type="checkbox"/> RETURN OF PREMIUM RIDER	\$ _____
<input type="checkbox"/> DENTAL AND VISION BENEFIT RIDER	\$ _____
TOTAL PREMIUM	\$ _____